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## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** P.O. Box 1723, Mandeville, LA 70470

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Samantha Dias

Name of Person

Trinity Insurance Services, Inc

Firm/Company

620 Lotus Dr. N

Address

Mandeville, LA 70471

City/State and Zip code

accounting@trinityclaims.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Samantha Dias

Name of Person

at (985) 674-1800

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Trinity Insurance Services, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Louisiana 3. 72-1404875  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 12/22/1997 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. 620 Lotus Dr. N, Mandeville, LA 70471  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 620 Lotus Dr. N, Mandeville, LA 70471  
(Principal office address)
- P.O. Box 1723, Mandeville, LA 70470  
(Current mailing address)
8. To conduct any lawful activity authorized under the Louisiana Business Corporation Law  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Mark Decarlo
- Office Address: 3934 SW Helmlinger St.
- Port St. Lucie, Florida 34953  
(City) (Zip code)
10. **Registered agent's acceptance:**  
*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Mark Decarlo

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and business addresses of officers and/or directors:

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**A. DIRECTORS**

Chairman: Lolly Leger

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Address: 401 Marigny Ave.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Mandeville, LA 70448

Vice Chairman: Marty Leger

Address: 7073 Edgewater Dr.

Mandeville, LA 70471

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Lolly Leger

Address: 401 Marigny Ave.

Mandeville, LA 70448

Vice President: Marty Leger

Address: 7073 Edgewater Dr.

Mandeville, LA 70471

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

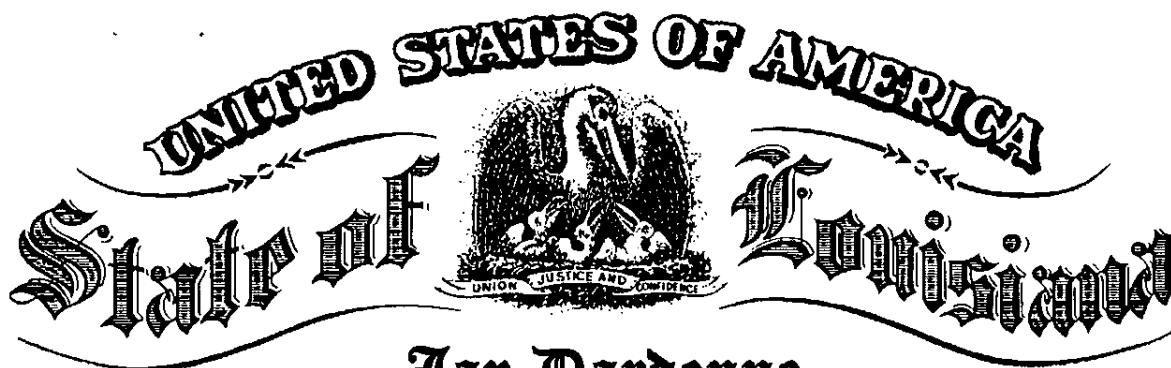
**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. \_\_\_\_\_

(Signature of Director or Officer listed in number 12 of the application)

14. Lolly J. Leger

(Typed or printed name and capacity of person signing application)



**Jay Dardenne**  
SECRETARY OF STATE

*As Secretary of State of the State of Louisiana I do hereby Certify that*

**TRINITY INSURANCE SERVICES, INC.**

A corporation domiciled in MANDEVILLE, LOUISIANA,

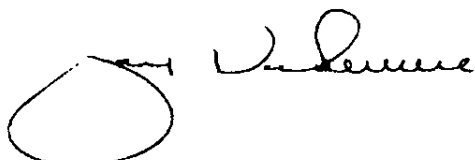
Filed charter and qualified to do business in this State on December 22, 1997,

I further certify that the records of this Office indicate the corporation has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned is in good standing and is authorized to do business in this State.

I further certify that this Certificate is not intended to reflect the financial condition of this corporation since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

February 9, 2010

  
Secretary of State

Web GSC



**Certificate ID:** 10043713#92C30

To validate this certificate, visit the following web site, go to **Commercial Division, Certificate Validation**, then follow the instructions displayed.  
[www.sos.louisiana.gov](http://www.sos.louisiana.gov)

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